EXTENDED TO NOVEMBER 15, 2016

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Ar | or the | 2015 Calendar year, or tax year beginning all | ia enaing | _ | |
|-------------------------|-------------------|---|--------------------|------------------------------|-------------------------------|
| В | heck if | C Name of organization | | D Employer identifi | cation number |
| X | Addre | one nation | | | |
| | Name chang | Doing business as | | 27-1 | 937961 |
| | fnitial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone numbe | r |
| | Final return | 45 N. HILL_DRIVE | 100 | 202- | 370-6600 |
| | termir ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 10,349,196. |
| | Amen | warrenton, va 20186 | | H(a) Is this a group re | etum |
| | Applie tion | IF Name and address of principal officer DIEVER LIAW | _ | for subordinates | |
| | pendi | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No |
| 1 | | empt status 501(c)(3) _X 501(c)(4) ◀ (insert no.) 4947(a)(| 1) or 527 | 1 ' ' | list (see instructions) |
| J١ | Nebsi | te: WWW.ONENATIONAMERICA.ORG | | H(c) Group exemptio | n number 🕨 |
| K | orm o | organization: X Corporation | L Year | | A State of legal domicile; VA |
| | art I | Summary | | | |
| _ | 1 | Briefly describe the organization's mission or most significant activities ENG | AGING 1 | N PUBLIC | |
| Activities & Governance | | COMMUNICATIONS AND DIRECT CONTACT WITH | INTERES | TED CONSTIT | UENCIES TO |
| r | 2 | Check this box Implication of the organization discontinued its operations or discontinued its operations or discontinued its operations. | posed of more | than 25% of its net as | ssets |
| o ve | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 2 |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1 | b) ່ 。、、 | 4 | 1 |
| S | 5 | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | | 5 | 0 |
| ij | 6 | Total number of volunteers (estimate if necessary) | עריו . | 7 7 7 7 6 | 0 |
| Ę | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | ∵ ÿ | " ~ LUIJ 7a | 0. |
| ⋖ | 1 | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. |
| Revenue | | | | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | · - | | 10,348,110. |
| | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. |
| ě | 1 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0. | 0. |
| Œ | 1 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 1,086. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 | , – | 0. | 10,349,196. |
| _ | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| ý | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1 | 0) | 0. | 569,143. |
| nse | 1 | Professional fundraising fees (Part IX, column (A), line 11e) | -' <u> </u> | 0. | 184,250. |
| Expenses | 1 | | 394. | | |
| ũ | 1 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,616. | 6,311,145. |
| | 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,616. | 7,064,538. |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | | -2,616. | 3,284,658. |
| ets or a | | | Ве | ginning of Current Year | End of Year |
| ets | 20 | Total assets (Part X, line 16) | <u> </u> | 1,680. | 3,350,167. |
| Age | 21 | Total liabilities (Part X, line 26) | | 0. | 65,509. |
| Net Asse Fund Ball | 22 | Net assets or fund balances Subtract line 21 from line 20 | | 1,680. | 3,284,658. |
| P | art II | Signature Block | | | |
| Und | er pen | alties of perjury, I declare that I have examined this return, including accompanying sched | ules and statem | ents, and to the best of m | y knowledge and belief, it is |
| true | , corre | ct, and complete. Declaration of preparer (other than officer) is based on all information of | f which preparei | has any knowledge. | |
| | | N / N - C | | (1) | 14/16 |
| Sig | n | Signature of officer | | Date | |
| Hei | | STEVEN LAW, DIRECTOR, PRESIDENT & CE | O - | | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | $\neg \neg \neg$ | Date Check | PTIN |
| Pai | d | RENAE DUNCAN Ferrae Juncan | L CPA | 11/11/16 of sett-emptoy | P01257722 |
| Pre | parer | Firm's name ATCHLEY & ASSOCIATES, LLP | 2/ 2/11 | Firm's EIN | 74-2920819 |
| Use | Only | Firm's address 6850 AUSTIN CENTER BLVD, STE 1 | .80 | | |
| | | AUSTIN, TX 78731-3129 | | Phone no. (5 | 12)346-2086 |
| Ma | v the l | DS discuss this return with the propagar shown above? (see instructions) | | | X Vec No |

LHA For Paperwork Reduction Act Notice, see the separate instructions. 532001 12-16-15

Form **990** (2015)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Form | 990 (2015) ONE NATION | 27-1937961 | Page 2 |
|----------------|--|---------------------------------------|------------------|
| Par | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| . – | | ·· | |
| 1 | Briefly describe the organization's mission | | та |
| | ONE NATION IS A NON-PROFIT PUBLIC POLICY ADVOCACY ORGAN | | IS |
| | DEDICATED TO EDUCATING, EQUIPPING, AND ENGAGING AMERICAN | | <u> </u> |
| | TAKE ACTION ON IMPORTANT ECONOMIC AND LEGISLATIVE ISSUES | 5 THAT WILL | |
| | SHAPE OUR NATION'S FUTURE. THE VISION OF ONE NATION IS | TO EMPOWER | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | |
| - | · · · · · · · · · · · · · · · · · · · | Vos | X No |
| | the prior Form 990 or 990-EZ? | L1 res | LAN INO |
| | If "Yes," describe these new services on Schedule O | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | └── Yes | X No |
| | If "Yes," describe these changes on Schedule O | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | measured by expenses | |
| • | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | | nd |
| | | is, the total expenses, a | iiu |
| | revenue, if any, for each program service reported | | |
| 4a | (Code) (Expenses \$ 6,072,059 • including grants of \$) (Revenue | |) |
| | THE ORGANIZATION CONDUCTS PUBLIC COMMUNICATIONS AND BUIL | | |
| | TO INFLUENCE POLICYMAKING OUTCOMES THROUGH GRASSROOTS MO | DBILIZATION A | MD |
| | ADVOCACY. THE FOCUS OF THESE ADVOCACY EFFORTS MAY INCLUI | DE LEGISLATIO | ON . |
| | BUDGET PRIORITIES, REGULATIONS, PUBLIC HEARINGS AND INVI | | |
| | | | |
| | OTHER POLICYMAKING ACTIVITIES. THE ORGANIZATION ALSO ENG | | <u> </u> |
| | TO PARTICIPATE IN GRASSROOTS ADVOCACY ON PENDING LEGISLA | | |
| | THROUGH PAID ADVERTISING, MAILINGS, E-MAILS, AND WEB-BAS | SED ADVOCACY | |
| | TOOLS. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b | (Code) (Expenses \$ 227,674 · including grants of \$) (Revent | ле \$ |) |
| | ONE NATION CONDUCTS RESEARCH TO DETERMINE HOW VARIOUS DI | EMOGRAPHIC | |
| | GROUPS RESPOND TO CURRENT NATIONAL POLICY ISSUES, WHAT I | | <u>1D</u> |
| | CONCERNS THEY HAVE, AND WHICH PUBLIC POLICY ISSUES THEY | | |
| | | | |
| | INCLINED TO TAKE ACTION ON THROUGH GRASSROOTS PARTICIPAT | | TON |
| | ALSO SPONSORS IN-DEPTH POLICY RESEARCH ON SIGNIFICANT IS | | |
| | ESPECIALLY THOSE THAT ARE CURRENTLY UNDER-REPORTED BUT A | ARE LIKELY TO |) |
| | HAVE A SUBSTANTIAL IMPACT ON GOVERNMENT POLICYMAKING IN | THE FUTURE. | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code) (Expenses \$ including grants of \$) (Revenue | ле \$ | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| | | | |
| - | and the second of the second o | <u></u> | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services (Describe in Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ | | |
| <u>4e</u> | Total program service expenses ▶ 6,299,733. | | |
| | | Form 99 | 90 (2015) |

| O | 20.01 | | |
|---------|-----------|-------------|-----------|
| Part IV | Checklist | of Required | Schedules |

| | | | Yes | No |
|-----|---|-----------|----------|---------------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | х |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| • | public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | dunng the tax year? If "Yes," complete Schedule C, Part II | 4 | N/ | A |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | _ |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | <u>X</u> |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | <u> </u> |
| C | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | ~~ |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | v | |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | <u> </u> |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 40- | Х | İ |
| _ | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | 12a | <u> </u> | |
| D | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 42h | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b 13 | | $\frac{\lambda}{X}$ |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | - 70 | | |
| - | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | _16 | . | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | Х | L |
| 18. | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | L | X |
| | | Form | 990 | (2015) |
| | | | | |

Form 990 (2015) ONE NATION

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|-------------|--|----------------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K If "No", go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | ļ |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| þ | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | İ | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | L | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | |] . | j |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | ļ |] , | |
| | If "Yes," complete Schedule N, Part I | 31 | <u> </u> | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | ļ |] . | . , |
| | Schedule N, Part II | 32 | <u> </u> | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | |] | . , |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | <u> </u> | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | |] | |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | |
| ь | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | 1 | ŀ |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | - |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | NT / | ļ, |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | N/ | <u>μ</u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | - V |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | - | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 20 | x | [|
| | Note. All Form 990 filers are required to complete Schedule O | <u> 38</u> | 990 | (2017) |
| | | rorm | | (ZU15) |

| Check if Schedule O contains a response or note to any line in this Part V It as Either the number reported in Box 3 of Form 1096. Either -0-if not applicable be filter the number of Forms WCS and claded in line in Earter -0-if not applicable be filter the number of Forms WCS and claded in line in Earter -0-if not applicable in the number of Forms WCS and claded in line in Earter -0-if not applicable in the number of Forms WCS included in line in Earter -0-if not applicable on the number of earter of Forms WCS in the number of reportable payments to vendors and reportable gamening (gamthing) with more within the year covered by this return. It is a least one is reported on line 2.6, dot the organization file all required federal amployment tax returne? Note, if the sum of lines is and 2.8 is greater than 120, you may be that returned in the second of the organization have unrelated business gross noome of \$1,000 or more during the year? All if Year, and the did Form 900 of for this year? If Vit 1 for in 30, novel are application in Schedule 0 4. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; If Visa is not an interest in, or a signature or other authority over, a financial account in a foreign country. If Visa is not applied to a provided an explanation in Schedule 0 4. At any time during requirements for FincEin Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5. See instructions for filing requirements for FincEin Financial Accounts of the authority over, a financial account in a foreign country. If Visa, is not a deductable and exhibition of any streng during the tax year? 5. A Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization school and country to a prohibition of any strength organization school and provided in the organization school and accounts that we not be a deductable and exhitrable contributions or grist were not tax deduct | Form | 990 (2015) ONE NATION 27-1937 | 961 | Р | age 5 |
|--|------|---|-----|----------|--------------|
| a Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable b Enter the number of Forms W-20 included in line 1a Enter -0 if not applicable c Did the organization comply with backup witholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return O If a least one is reported on line Za did the organization file all required federal employment tax returns? Note: If the sum of Iners 1 and 2 as greater than 250, you may be required federal employment tax returns? Note: If the sum of Iners 1 and 2 as greater than 250, you may be required to e-169 (see antifuctions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 A If 1'Yes, Than 1 field a Form 397 for the year? "Mor, for line 30, provide an explaination in Schedule C 4 A It any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR) 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization as party to a prohibited tax shelter transaction at any time during the tax year? 5 Did may taxable party notify the organization file form 8868-7? 6 Does the organization analy across receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions under section 170(c). 8 Did the organization necewe a payment in excess of \$57 made parity as a contribution of quits of the form 8882 of \$50 made parity as a contribution of quits of the form 8882 of \$50 made parity as a contribution of quits of the form 8882 of the organization fine form 8882 of the walks | Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| tall Enter the number reported in Box 3 of Form 1996 Enter 0-find applicable Enter the number of Form 80% and cuted in the in Enter 4-of not applicable Enter the number of Form 80% and such in the in Enter 4-of not applicable College of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gantholing) winnings to prize with merel year organization (many file) Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year or year and year or ye | | Check if Schedule O contains a response or note to any line in this Part V | | | X |
| b Enter the number of Forms W.2G included in line 1s Enter 0-f not applicable C bid the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 2a Enter the number of employees sported on Form W.3, Transmittal of Wage and Tax Statements. (field for the calendary year ending with or within the year covered by this return b I at least one is reported on line 2a, did the organization life all required federal employment tax returns? Note: If the sum of lines 1s and 2 as greater than 250, you may be required to e-fife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or nore during they as a fife of Form 980 of For this year? (*No.*; To line 36, provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account; or other financial account)? 5b If *Yes,* to enter the name of the foreign country \(\frac{1}{2}\) be a bank account, sequentless account; or other financial accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Did any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction any contributions that were not tax deductible? 5b Did will be contributions that were not tax deductible and the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible as charitable contributions? 5c Did the organization received a pyrement in excess of \$75 made party is a contribution and party for goods and services provided to the payor? 7b Organizations that many receive deductible contributions under section 170(c). 8c Did the organization received a contribution of qualified intelligible personal property for which it was required t | | | | Yes | No |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize without services of the provided of the calendary sear ending with or within the year covered by this rest. 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendary sear ending with or within the year covered by this rest. 3 If all sets one is reported on the 23, did the organization file all required federal employment tax returns? Note, if the sum of lines 14 and 28 is greater than 250, you may be required to e-file (see instructions) 3 If Yes, "has if filed a Form 990" for this year? If No. 10 in 830, provide an explanation in Schedule O 3 If Yes, "has if filed a Form 990" for this year? If No. 10 in 830, provide an explanation in Schedule O 3 If Yes, "has if filed a Form 990" for this year? If No. 10 in 830, provide an explanation in Schedule O 3 If Yes, "has if filed a Form 990" for this year? If No. 10 in 830, provide an explanation in Schedule O 3 If Yes, "the sit of the granization file of Foregon Country (such as a bank account, securities account, or other financial Accounts (FBAR) 5 Was the organization from grequirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 Was the organization have annual gross incepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of the organization file of the organization in Charles with every solicitation an express statement that such contributions or grits were not tax deductibles or tax deductibles on this deductible contributions or distributions and startly for goods and services provided? 5 If Yes, "did the organization entity the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions or quies and startly for goods and services provided? 8 If Yes, "did the organization neceved a contrib | 1a | | | | |
| gambing) winnings to prize winners? 2 | | | | | |
| 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b frail beast one is reported on line 2a, did the organization file all inequired federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b fryes, *has if filed a Form 990.*T for this year? If *No.* to fine 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4b fryes, *has if filed a Form 990.*T for this year? fryes, *to line 3a or 5b, did the organization that accounts account, or other financial accounts (FBAR) 5a Was the organization and that it was or as partly to a prohibited tax shelter transaction? 5b fryes, *to line 5a or 5b, did the organization that it was or as partly to a prohibited tax shelter transaction? 5c fryes, *to line 5a or 5b, did the organization that it was or as partly to a prohibited as shelter transaction? 5c fryes, *to line 5a or 5b, did the organization that file form 8986-1? 6a X State of the organization include with very solicitation and express statement that such contributions or gifts were not tax deductible? 7b fryes, *to line 5a or 5b, did the organization include with very solicitation and express statement that such contributions or gifts were not tax deductible? 7c Organization state may receive deductible contributions under section 170(c). 8b fryes, *to line 5a organization state and property deductible organization state and property of which it was required to file Form 8222? 8c fryes, *to line 5a organization state in the cases of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c X 7b Mr | С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| bit at least one is reported on line 2a, did the organization file all required feeder employment tax returns? Note. If the sum of kines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a francial account; a foreign country (such a 5 a bank account, securities account in a foreign country (such a 5 a bank account, securities account)? 5b If "Yes," enter the name of the foreign country librase as a bank account, securities account; or other financial accountry? 5c enter structions for filing requirements for fincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction any contributions that were not tax deductible? 6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization notify the donor of the value of the goods or services provided? 6c If Yes," indicate the number of Forms 8228 filed during the year 1 Did the organization receive any party mill mexics of \$55 made party is a contribution and party for goods and services provided to the payor? 7c If Yes," indicate the number of Forms 8228 filed during the year 9 Did the organization make a party and party to a prohibited that organization file a Form 1098 or year year. 1 Did the organization received a contribution of cars, boats, arplaines, or other wholes, did the organization file a Form 1098 or year. 9 Sponsoring organization make any stable distr | | (gambling) winnings to prize winners? | 1c | X | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of nines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5b If 1'Yes, "has if filed a Form 990." For this year? If "No," to line 3b, provide an explanation in Schedule 0 4a. At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR) 5a Was the organization fave the foreign country (such as a bank account, securities account, or other financial accounts (FBAR) 5a Was the organization for the foreign country (such as a bank account, securities account, or other financial accounts (FBAR) 5b Was the organization for the foreign country (such as a bank account, securities account, or other financial accounts (FBAR) 5a Was the organization foreign foreign Bank and Financial Accounts (FBAR) 5a Was the organization foreign that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," the line 5a or 5b, did the organization file Form 8886-T? 6c If "Yes," the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 6c If Yes, "In the organization include with every solicitation and serying stream organization services against with a property of the organization sell, exchange, or otherwise dispose prouded? 7b If "Yes," indicate the number of Forms 8282 filed during the year 9 Exponsoring organization in access of 575 made party as a contribution and party for goods and services provided to file Form 8820 as required? 7c If Yes, "In dicate the number of Forms 8282 fil | 2a | | | | |
| So Did the organization have unreliated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to fine 3b, provide an explanation in Schedule O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial accountry) b If "Yes," enter the name of the foreign country South as a bank account, or other financial accountry? 5b Was the organization a party to a prohibited tax shelter transaction of tarry time during the tax year? 5c evinitions for fining requirements for FiniCPAF Form 114, Report of Foreign Bank and Financial Accounts (FBAF) 5a Was the organization a party to a prohibited tax shelter transaction of the year of the organization in that it was or is a party to a prohibited tax shelter transaction? 5b Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that them on tax deductible or on the tax deductible or the transaction of the transaction of the transaction of the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible or on the transaction of the transaction of the organization network and the transaction of the transaction of the transaction of the transaction of the transaction of the transaction of the payor? 7c Organizations that may receive deductible contributions under section 170(c). b of the organization network of the donor of the value of the goods or services provided? 7c If the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to file Form 2682? 7c If Yes, "indicate the number of Forms 8282 filed during the year. 9c Did the organization exceeved a contribution of qualified meleticular property, did the organization file of | | filed for the calendar year ending with or within the year covered by this return | i | | |
| 3a Dd the organization have unrelisted business gross income of \$1,000 or more during the year? b if "Yes," that if field a Form 990.T for this year? if "No," to fine 36, provide an explanation in Schedule O A X any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country fluch as a bank account, securities account, or other financial account()? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) So Was the organization plan by to a prohibited tax shelter transaction at any time during the tax year? b of any taxable party notify the organization that if was or is a party to a prohibited tax shelter transaction? c if "Yes," to line 5a or 5b, did the organization that if was or is a party to a prohibited tax shelter transaction? c if "Yes," to line 5a or 5b, did the organization that of the organization that was or is a party to a prohibited tax shelter transaction? c if "Yes," to line 5a or 5b, did the organization include with every solicitation are normally greater than \$100,000, and did the organization solicit any contributions and party for professional programs and the party for organization that was received eductible contributions? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c bd the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if Yes, "the findest the number of Forms 8282 filed during the year c bd the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f bid the organization receive any funds, directly or indirectly or indirectly, on a personal benefit contract? f bid the organization flave premiums, directly or indirectly | b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | <u> </u> |
| b if "Yes," has if field a Form 990-T for this year? if "No," to fine 30, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authonity over, a financial account in a foreign country (guch as a bank account, securities account, or other financial account?) 5 if "Yes," enter the name of the foreign country. ► 5 see instructions for filing requirements for FinCPE Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b May stee organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 b May 10 lime 5 a or 5b, did the organization that it was or a party to a prohibited tax shelter transaction? 5 b May 10 lime 5 a or 5b, did the organization file Form 8886-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 b May 10 lime 10 lim | | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF) b. If Yes,* enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) 5a. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax yeer? b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b. If Yes,* to line 5a or 5b, did the organization file Form 8886-7? 5c. Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b. If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible of the party of the propagation in excess of \$75 made party as a contribution and party for goods and services provided to the payor? b. If Yes,* did the organization nority the donor of the value of the goods or services provided? c. Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? b. If Yes,* did the organization nority the donor of the value of the goods or services provided? c. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? d. If Yes,* indicate the number of Forms 8282 filed during the year e. Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the \$N/A\$ 1 if the organization have excess business holdings at any time during the year? 9. Sponsor | 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b If "Yes," enter the name of the foreign country № See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shetter transaction at any time during the tax year? 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shetter transaction? 5c If "Yes," to line Sa or Sb, did the organization file Form 8886-17 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the were not tax deductible as charitable contributions? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible. 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible as charitable contributions under section 170(c). 5d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization received a contribution of cars, botas, raphanes, or other whickel, did the organization file a Form 1088-0? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? N/A bid the organization make any taxable distributions on devised funds. Did a donor advised fund maintained by the N/A sponsoring organization make any taxable distributions under section 4966? N/A 10a 10b 10b 10b 10b 10b 10b 10b 10b 10b 10b | þ | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b_ | | |
| b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5 Dod any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," to line 5a of 5b, did the organization file Form 8886-7? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If "Yes," did the organization in the exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10 If "Yes," indicate the number of Forms 8282 filed during the year 11 If the organization organization and the payon premiums, directly or indirectly, to pay premiums on a personal benefit contract? 12 If the organization maintaining donor advised funds. 13 If the organization in the excess business holdings at any time during the year? 14 If the organization have excess business holdings at any time during the year? 15 Section 501(c)(7) organizations. Enter a linitiation fees and capital contributions included on Part VIII, line 12 16 Gross income from members or shareholders 17 In In In In In In In In In In In In In | 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 50 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 70 Organizations that may receive deductible contributions under section 170(c). 81 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 82 Did the organization creave a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 92 Did the organization organization creave a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 93 Did the organization organization organization for the value of the goods or services provided? 94 Did the organization organization organization for the value of the goods or services provided? 95 Did the organization orga | | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If Yes, 'to line 5a or 5b, did the organization file Form 8886-17 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If Yes,' did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$5' made partly sa contribution and partly for goods and services provided to the payor? b If Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization of the number of Forms 8282 filed during the year c Did the organization receive any funds, directly or nufrectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of ausilied intellectual property, did the organization file Form 8899 as required? b Did the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? N/A b Did the sponsoring organization make any taxable distributions under section 4966? N/A 10b | b | If "Yes," enter the name of the foreign country | | | |
| b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c if 'Yes,' to line 5a or 5b, did the organization file Form 8886-17 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b if 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). b Did the organization self is exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if 'Yes,'' did the organization notify the donor of the value of the goods or services provided? c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if 'Yes,'' indicate the number of Forms 8282 filed during the year e Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-02* 8 Sponsoring organization medical particles of the second did the organization file a Form 1098-02* 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? N/A 9 Did the sponsoring organization make any taxable distribution sunder section 4966? N/A 9 Did the sponsoring organization make any taxable distribution sunder section 4966? N/A 9 Did the sponsoring organization make any taxable distribution sunder section 4966? N/A 9 Did the sponsoring organization make any taxable distribution of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the fi | | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| c if "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a X b if "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1086-C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? N/A sponsoring organization make any taxable distributions under section 4966? N/A b Did the sponsoring organization make any taxable distributions under section 4966? N/A b Did the sponsoring organization make any taxable distributions under section 4966? N/A b Did the sponsoring organization make any taxable distributions of advisor, or related person? N/A 11a | 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chanitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 10 Did the organization notify the donor of the value of the goods or services provided? 11 Did the organization notify the donor of the value of the goods or services provided? 12 Did the organization notify the donor of the value of the goods or services provided? 13 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 14 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 15 Did the organization received a contribution of cars, bosts, arplanes, or other vehicles, did the organization file Form 8899 as required? 16 If the organization received a contribution of cars, bosts, arplanes, or other vehicles, did the organization file a Form 1098-C? 17 Seponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A sponsoring organizations maintaining donor advised funds. 18 Did the sponsoring organization make any taxable distributions under section 4966? 19 Did the sponsoring organization make any taxable distributions under section 4966? 20 Did the sponsoring organization secrets and capital contributions included on Part VIII, line 12 21 Did Gross receipts, included on Form 990, Part VIII, line 12 22 Section 501(c)(12) organizations. Enter 23 Section 501(c)(12) organization secrets | b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| any contributions that were not tax deductible as chantable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organization maintaining donor advised funds. Did the sponsoring organization make a distribution but and a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A b Did the sponsoring organization insulated any taxable distributions under section 4966? N/A b Gross receipts, included on Form 990, Part VIII, line 12 N/A 10a b Gross income from members or shareholders f if "Yes," enter the amount of tax exempt interest received or accrued during the year N/A 11b 12a Section 501(c)(12) organiz | С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization ontify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 to X 7 | 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | 1 |
| were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a Contribution of qualified intellectual property, did the organization file Form 8989 as required? f If the organization received a contribution of cars, boats, aniphanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. By the sponsoring organizations maintaining donor advised funds. By the sponsoring organizations make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Section 501(c)(12) organizations. Enter Gross income from members or shareholders Gross income from embers or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 28 Section 4947(a)(1) non-exempt charitable trusts. Is the organization fling Form 990 in lieu of Form 1041? 19 Section 4947(a)(1) non-exempt charitable trusts. Is the organization fling Form 990 in lieu of Form 1041? 11 Section 501(c)(29) qualified nonprofit health insurance issuers. is the organization incensed to issue qualified health plans in more than one state? N/A N/A N/A N/A 13a Potes. See the instructions for additional information the organization must report on Schedule O be filter the amount of reserves o | | any contributions that were not tax deductible as charitable contributions? | 6a | X | |
| Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? The bif "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? The bif "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? The bif the organization receive any funds, directly or indirectly, on a personal benefit contract? The bif the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? The organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distribution but a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Section 501(c)(7) organizations. Enter Gross income from members or shareholders N/A Section 501(c)(7) organizations. Enter The comment from their sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 501(c)(7) organizations. Enter The comment from their sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 501(c)(29) qualified enorport the standard from the organization file from 1041? The comment for eserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans and the organization is licensed to issue quali | b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | l |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8896 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? Sponsoring organizations maintaining donor advised funds. Sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person? N/A Did the sponsoring organization make any distribution to a donor, donor advisor, or related person? N/A Section 501(c)(12) organizations. Enter a Gross receipts, included on Form 990, Part Vill, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter a Gross income from members or shareholders N/A Section 501(c)(12) organizations the organization filing Form 990 in lieu of Form 1041? If the organization icensed to issue qualified health plans in more than one state? N/A Note, See the instructions for additional information the organization must rep | | · | 6b | X | <u></u> |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization during the year, pay premiums, directly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of oras, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? N/A b Did the sponsoring organizations make any taxable distributions under section 4966? N/A ga linitiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12 N/A Intal section 501(c)(7) organizations. Enter a Gross income from members or shareholders B Gross income from members or shareholders W/A Section 501(c)(2) organizations. Enter a Gross income from members or shareholders b Gross income from members or shareholders Intal section 501(c)(2) organization from 10417 If W Yes, "enter the amount of tax exempt interest received or accrued during the year N/A N/A 11a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A N/A N/A 13a Interest of the manual of reserves the organizations is required to maintain by the st | 7 | | | | l |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? N/A b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 8 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 5 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 501(c)(12) organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? b If "Yes," has filede a Form 720 to report these payments? If "No," provide an explanation in Schedule O | а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| to file Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 1 Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 1 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 1 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make any taxable distributions under section 4966? N/A But the sponsoring organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? N/A Note. See the instructions for additional information the organization must report on Schedule O Enter | b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A b Did the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Section 501(c)(12) organizations. Enter Gross income from members or shareholders N/A 11a Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? N/A 13a | C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| Pid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 10 Did the sponsoring organization make any taxable distributions under section 4966? 10 Did the sponsoring organization make any taxable distributions under section 4966? 11 Section 501(c)(7) organizations. Enter 12 Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b 11 Section 501(c)(12) organizations. Enter 13 Gross income from members or shareholders 14 Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 10b 11b 11b 11b 11b 11b 11b 11b 11b 11b | | to file Form 8282? | 7c | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file a Form 108-C? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 108-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 Section 501(c)(12) organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 Section 501(c)(12) organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization icensed to issue qualified health plans in more than one state? N/A 13a N/A 13a N/A 13a Lace 14a X 14b Did the organization receive any payments for indoor tanning services during the tax year? 14a X It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | d | If "Yes," indicate the number of Forms 8282 filed during the year | | | l |
| g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? N/A b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 10a 9b 9b 9b 9b 9b 9b 9b 9b 9b 9b 9b 9b 9b | е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 10 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 1 Initiation fees and capital contributions included on Part VIII, line 12 10 Section 501(c)(12) organizations. Enter 2 Initiation fees and capital contributions included on Part VIII, line 12 3 Section 501(c)(12) organizations. Enter 4 Gross income from members or shareholders 5 Initiation fees and capital contributions included on Part VIII, line 12 6 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 16 Is the organization licensed to issue qualified health plans in more than one state? N/A 13a N/A 13a N/A 13a 15 Section for additional information the organization must report on Schedule O 16 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 15 Enter the amount of reserves on hand 16 United the organization receive any payments for indoor tanning services during the tax year? 16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | f | | 7f | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | _ | | 7g | | |
| sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year b if "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | h | | 7h | N/ | A |
| 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b 11 Section 501(c)(12) organizations. Enter a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders N/A 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b | 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A |] | | l |
| a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 N/A b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders N/A 11a Section from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 15 Interest and custom and instruction in Schedule O 16 Interest and instructions for additional information the organization in Schedule O 15 Interest and instructions for additional information in Schedule O 16 Interest and instructions for additional information in Schedule O 18 Interest and instructions of the serves on hand 19 Interest and instructions of the serves on hand 19 Interest and instructions of the serves on hand 19 Interest and part of the serves on hand 19 Interest and part of the serves on hand 19 Interest and part of the serves on hand 19 Interest and part of the serves on hand 19 Interest and part of the serves on hand 19 Interest and part of the serves on hand 19 Interest and part of the serves on hand 19 Interest | | sponsoring organization have excess business holdings at any time during the year? | 8 | | <u> </u> |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 B Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Coross income from members or shareholders B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Indication of the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | 9 | |] | | j |
| a initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders N/A 11a 11b 11b 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 15 "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13b 15 Interest the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 12c 13b 13c 14a 14b 15 Interest the amount of reserves and payments for indoor tanning services during the tax year? 14a 14b 15 Interest 15 Interest 16 Interest 16 Interest 16 Interest 16 Interest 16 Interest 16 Interest 16 Interest 16 Interest 16 Interest 16 Interest 16 Interest 16 Interest 16 Interest 16 Interest 17 Interest 16 Interest 17 Interest 17 Interest 17 Interest 17 Interest 18 Interes | а | | | | <u> </u> |
| a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders N/A 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b if "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | 9b | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X | 10 | |] | | |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | | | l |) |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | | | |] |
| amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | _ | • | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | p | · | | | ĺ |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a | 40 | · · · · · · · · · · · · · · · · · · · | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | | 12a | | —- |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | | | | 1 |
| Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 If The service of | | •- | - | <u> </u> | ├ |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | а | | 13a | <u> </u> | |
| organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | | | | ļ |
| c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | Þ | | [| | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b | _ | | 1 | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | 44- | | ¥ |
| | | | | \vdash | ┝┸ |
| | | ii res, nas it iiicu a romii rzy tu repuit triese payments rir iyu, provide ar explanation iii suneddie O | | 990 | (2015) |

ONE NATION

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ☐ Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. CALEB CROSBY - 202-370-6600 HILL DRIVE, NO. 100, WARRENTON, 45 N. 20186

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

X

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| (A) | (B) | organization compensat | | | | | | (D) | (E) | (F) | | |
|---------------------------|--|---------------------------------|-----------------------|--------------|--|---------------------------------------|--------------|--|-----------------|------------------|--------------|-----------|
| Name and Title | Average | | | Pos | rtion |) | | Reportable | Reportable | (F) Estimated | | |
| Name and mic | hours per | (do box | do not ch | | o not check more than one x, unless person is both ar | | | | one h an | compensation | compensation | amount of |
| | wook | officer and a director/trustee) | | | or/trus | tee) | from | from related | other | | | |
| | (list any | ē | | | | | | the | organizations | compensation | | |
| | hours for | direc | | ١. | | 9 | | organization | (W-2/1099-MISC) | from the | | |
| | related |) o | Stee | l | l | ısate | | (W-2/1099-MISC) | | organization | | |
| | organizations | trust | a fr | | yee | E E | | ` | | and related | | |
| | below | grap | institutional trustee | <u> </u> | 뤝 | st co | -a | | | organizations | | |
| | (list any hours for related organizations below line) | <u>ş</u> | nst | Officer | Key employee | Highest compensated employee | Former | | | | | |
| (1) BARRY BENNETT | 1.00 | | | Г | | | | | | | | |
| BOARD MEMBER | | x | Ì | |] | Ì ' | | 0. | 0. | 0. | | |
| (2) STEVEN LAW | 10.00 | | | | T | | | | | | | |
| DIRECTOR, PRESIDENT & CEO | | x | | х | | | | 60,000. | 0. | 0. | | |
| (3) CALEB CROSBY | 10.00 | Ħ | \vdash | | \vdash | H | <u> </u> | 30,000 | | | | |
| SECRETARY/TREASURER | 1000 | 1 | Ì | \mathbf{x} | 1 | ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | Ì | 18,000. | 0. | 0. | | |
| | | ╁ | - | - | | - | | 10,000. | | | | |
| | | ┨ | | | | | | | | | | |
| | | - | \vdash | | _ | \vdash | | <u></u> | | | | |
| | | ┨ | | | | | | | | | | |
| | | ╁ | | | | - | - | | | | | |
| | ļ | 1 | | | | | | | | | | |
| | | | ▙ | _ | | H | | | | | | |
| | | ł | 1 | | | Ì ' | | Ì | | | | |
| | | ┡ | <u> </u> | <u> </u> | <u> </u> | ┞ | _ | | | | | |
| | | 1 | | | 1 | | | | | | | |
| | | ├ — | <u> </u> | | _ | <u> </u> | _ | | | <u> </u> | | |
| | | | 1 | |] |] | | | | | | |
| | | | | | | <u> </u> | | | | | | |
| | |] | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | 1 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | 1 | | | | | | | | | | |
| | | | | | | † | | | | | | |
| | | 1 | | | | | | | | | | |
| | | | ┢ | _ | | | ┢ | | | | | |
| | | i | l | | | 1 | | | | | | |
| | | | H | \vdash | H | | | | | | | |
| | | 1 | | | | i | l | | | | | |
| | - | ╁─ | ╁ | \vdash | \vdash | \vdash | - | | | | | |
| | | 1 | | | | | | | | | | |
| | _ | ₩ | - | - | ⊢ | ╁ | ├─ | | | | | |
| | | 1 | | | l | | | | | | | |
| | | Ц_ | <u> </u> | <u> </u> | Ц_ | | | | | | | |

| (A) Name and title A | Part VII Section A. Officers, Directors, Trus | tees, Key Emj | oloy | ees, | and | d Hi | ghes | st C | Compensated Employe | es (continued) | | | |
|---|---|------------------|----------|--------------|-------------|------------|-----------|------|--|-------------------|---------------------------|--------------|----------|
| The Sub-total comparation below inner in the sum of reportable compensation from the organization from the org | | | | | | | | | | | | (F | <u> </u> |
| The Sub-total presents of the present source | Name and title | Average Position | | | Reportable | Reportable | Estimated | | | | | | |
| the Sub-total corganization sheets to Part VII, Section A 78,000. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | | hours per | box, | , unies | ss pe | rson ı | ıs both | ал | compensation | compensation | n n | amou | nt of |
| to Sub-total 1b Sub-total 1c Total from continuation sheets to Part VII, Section A 1c Total from continuation sheets to Part VII, Section A 1d Total fadd lines to and to 1d Total fadd fines to and to 1d Total fadd fines to and to 1d Total and for incomplete Schedule J for such individual for services rendered to the ganization is fault to the ganization of reportable compensation from the organization and related organizations greater than \$150,000 of the ganization of reportable schedule J for such individual for services rendered to the ganization for the calendar year ending with or the ganization for the calendar year ending with or the ganization for the calendar year ending with or the ganization for the calendar year ending with or within the organization or services rendered to the ganization for the calendar year ending with or within the organization or services (A) Name and business address Description of services 4, 732, 403. ARREPTO N. HILL DRIVE, 103 N. FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22313 NEDIA SERVICES 47, 732, 403. ADMINISTRATIVE 526 DAROCCO AVERUE, CORAL GABLES, FI. 33146 FUNDRAISING SERVICES 120, 583. | | | _ | er an | dad | recto | or/trus | 90) | from | from related | i | oth | er |
| 1b Sub-total c Total from continuation sheets to Part VII, Section A c Total from continuation sheets to Part VII, Section A d Total (add lines to and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is tany former officer, director, or trustee, key employee, or highest compensated employee on line 1a* if "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization spaties than \$150,000 if "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization is 1 receive or accrue compensation from any unrelated organization or individual for services 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization from the organization from the organization or individual for services 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization fepton compensation from the organization fepton compensation from the organization fepton compensation from the organization fepton compensation from the organization fepton compensation from the organization or services 2 Name and business address 2 Description of services 3 2, 732, 403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 4, 732, 403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 4, 732, 403. TARGETED VICTORY, 100, WARRENTON, VA 20186 SERVICES 526 DAROCO AVENUE, CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLITZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SER | | , , , | rector | | | | | | | | | | |
| 1b Sub-total c Total from continuation sheets to Part VII, Section A c Total from continuation sheets to Part VII, Section A d Total (add lines to and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is tany former officer, director, or trustee, key employee, or highest compensated employee on line 1a* if "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization spaties than \$150,000 if "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization is 1 receive or accrue compensation from any unrelated organization or individual for services 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization from the organization from the organization or individual for services 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization fepton compensation from the organization fepton compensation from the organization fepton compensation from the organization fepton compensation from the organization fepton compensation from the organization or services 2 Name and business address 2 Description of services 3 2, 732, 403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 4, 732, 403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 4, 732, 403. TARGETED VICTORY, 100, WARRENTON, VA 20186 SERVICES 526 DAROCO AVENUE, CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLITZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SER | | | or di | _e | | | age | | | (W-2/1099-MIS | 3C) | | |
| 1b Sub-total c Total from continuation sheets to Part VII, Section A c Total from continuation sheets to Part VII, Section A d Total (add lines to and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is tany former officer, director, or trustee, key employee, or highest compensated employee on line 1a* if "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization spaties than \$150,000 if "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization is 1 receive or accrue compensation from any unrelated organization or individual for services 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization from the organization from the organization or individual for services 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization fepton compensation from the organization fepton compensation from the organization fepton compensation from the organization fepton compensation from the organization fepton compensation from the organization or services 2 Name and business address 2 Description of services 3 2, 732, 403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 4, 732, 403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 4, 732, 403. TARGETED VICTORY, 100, WARRENTON, VA 20186 SERVICES 526 DAROCO AVENUE, CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLITZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SER | | 1 | ustee | trust | | بو | bens | | (W-2/1099-MISC) | | 1 | • | |
| 1b Sub-total c Total from continuation sheets to Part VII, Section A c Total from continuation sheets to Part VII, Section A d Total (add lines to and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is tany former officer, director, or trustee, key employee, or highest compensated employee on line 1a* if "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization spaties than \$150,000 if "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization is 1 receive or accrue compensation from any unrelated organization or individual for services 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization from the organization from the organization or individual for services 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization fepton compensation from the organization fepton compensation from the organization fepton compensation from the organization fepton compensation from the organization fepton compensation from the organization or services 2 Name and business address 2 Description of services 3 2, 732, 403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 4, 732, 403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 4, 732, 403. TARGETED VICTORY, 100, WARRENTON, VA 20186 SERVICES 526 DAROCO AVENUE, CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLITZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SER | | 1 - 1 | ual tr | bonal | | ploye | 15 S | _ | | | | | |
| 1b Sub-total c Total from continuation sheets to Part VII, Section A c Total from continuation sheets to Part VII, Section A d Total (add lines to and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is tany former officer, director, or trustee, key employee, or highest compensated employee on line 1a* if "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization spaties than \$150,000 if "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization is 1 receive or accrue compensation from any unrelated organization or individual for services 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization from the organization from the organization or individual for services 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization fepton compensation from the organization fepton compensation from the organization fepton compensation from the organization fepton compensation from the organization fepton compensation from the organization or services 2 Name and business address 2 Description of services 3 2, 732, 403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 4, 732, 403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 4, 732, 403. TARGETED VICTORY, 100, WARRENTON, VA 20186 SERVICES 526 DAROCO AVENUE, CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLITZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SER | | | pwibr | ast E | fficer | E G | ang m | ē | | | - 1 | Organiz | ations |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address MEDIA SERVICES 4, 732, 403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22313 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 50. COMPENSED CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | - | | 0 | ¥ | Ξ & | ш. | | | -+ | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address MEDIA SERVICES 4, 732, 403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22313 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 50. COMPENSED CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | | | | | | | | - 1 | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address MEDIA SERVICES 4, 732, 403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22313 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 50. COMPENSED CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | \vdash | _ | - | | | | | -+ | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address MEDIA SERVICES 4, 732, 403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22313 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 50. COMPENSED CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address MEDIA SERVICES 4, 732, 403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22313 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 50. COMPENSED CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | | | | | | <u> </u> | | $\neg \uparrow$ | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address MEDIA SERVICES 4, 732, 403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22313 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 50. COMPENSED CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | | , 1 | | | | <u> </u> | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address MEDIA SERVICES 4, 732, 403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22313 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 50. COMPENSED CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address MEDIA SERVICES 4, 732, 403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22313 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 50. COMPENSED CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | | | | | | ļ | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address MEDIA SERVICES 4, 732, 403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22313 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 50. COMPENSED CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | | | | | | | | ŀ | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address MEDIA SERVICES 4,732,403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22313 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 50. COMPENSED CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | \vdash | | _ | \vdash | | | | $-\!\!\!\!\!-\!\!\!\!\!+$ | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address MEDIA SERVICES 4,732,403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22313 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 50. COMPENSED CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | , | | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address MEDIA SERVICES 4,732,403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22313 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 50. COMPENSED CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | Н | | ┢ | Н | _ | | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address MEDIA SERVICES 4,732,403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22313 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 50. COMPENSED CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | | | ! . | | | | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address MEDIA SERVICES 4,732,403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22313 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 50. COMPENSED CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | | | | П | | | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address MEDIA SERVICES 4,732,403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22313 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 50. COMPENSED CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | | | | | | <u></u> | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address MEDIA SERVICES 4,732,403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22313 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 50. COMPENSED CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address MEDIA SERVICES 4,732,403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22313 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 50. COMPENSED CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | 1h Sub-total | L | | Ш | | Į. | Щ | | 78.000. | | 0. | | 0. |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? // "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? // "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? // "Yes," complete Schedule J for such individual for services rendered to the organization? // "Yes," complete Schedule J for such individual for services rendered to the organization? // "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation MAIN STREET MEDIA GROUP P.O. BOX 25093, ALEXANDRIA, VA 22313 MEDIA SERVICES 4,732,403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 574,808. INTEGRATED CAMPAIGN SOLUTIONS LIC 585,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | I. Section A | | | | | i | | | | | | |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address (B) Description of services Compensation MAIN STREET MEDIA GROUP P.O. BOX 25093, ALEXANDRIA, VA 22313 MEDIA SERVICES 4,732,403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 833,250. CROSSROADS GPS 4DMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LC S26 DAROCO AVENUE, CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | , | | | | | ĺ | | | | | | |
| Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address (A) Name and business address MEDIA SERVICES 4,732,403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 526 DAROCO AVENUE, CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | ot limited to th | ose | liste | d at | bove | e) wh | o re | | .000 of reportab | | | |
| Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual or services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services (B) (C) Compensation MAIN STREET MEDIA GROUP P.O. BOX 25093, ALEXANDRIA, VA 22313 MEDIA SERVICES 4,732,403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | | | | -, | | - | , | | | 0 |
| Inne 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address MAIN STREET MEDIA GROUP P.O. BOX 25093, ALEXANDRIA, VA 22313 MEDIA SERVICES 4,732,403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 526 DAROCO AVENUE, CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | | | | | | | | | Ye | s No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (B) (C) Compensation MAIN STREET MEDIA GROUP P.O. BOX 25093, ALEXANDRIA, VA 22313 MEDIA SERVICES 4,732,403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 833,250. CROSSROADS GPS 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 574,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 526 DAROCO AVENUE, CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | 3 Did the organization list any former officer, | director, or tru | ıste | e, ke | y en | nplo | yee, | or | highest compensated e | mployee on | ſ | | |
| and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address MAIN STREET MEDIA GROUP P.O. BOX 25093, ALEXANDRIA, VA 22313 MEDIA SERVICES 4,732,403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 526 DAROCO AVENUE, CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | • | | 1 | 3 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation MAIN STREET MEDIA GROUP P.O. BOX 25093, ALEXANDRIA, VA 22313 MEDIA SERVICES 4,732,403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 526 DAROCO AVENUE, CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | | | | | | | the organization | İ | | |
| rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation MAIN STREET MEDIA GROUP P.O. BOX 25093, ALEXANDRIA, VA 22313 MEDIA SERVICES 4,732,403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 526 DAROCO AVENUE, CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | | | | | | | | 1 | 4 | <u> </u> |
| Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) (Description of services (A) (B) (C) (C) (C) (C) (C) (C) (C | • • | • | | | | - | | elat | ted organization or indivi | dual for services | i | | 3,7 |
| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services (B) Compensation MAIN STREET MEDIA GROUP P.O. BOX 25093, ALEXANDRIA, VA 22313 TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 526 DAROCO AVENUE, CORAL GABLES, FL 33146 HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | plete Schedul | e J f | or su | ich | pers | son | _ | | | | 5_ | |
| the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) (Compensation) MAIN STREET MEDIA GROUP P.O. BOX 25093, ALEXANDRIA, VA 22313 TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 833,250. CROSSROADS GPS 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 INTEGRATED CAMPAIGN SOLUTIONS LLC 526 DAROCO AVENUE, CORAL GABLES, FL 33146 HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | mponeated inc | denc | nde | nt c | ontr | racto | rc t | that recoved more than | \$100,000 of con | | ation from | |
| (A) Name and business address MAIN STREET MEDIA GROUP P.O. BOX 25093, ALEXANDRIA, VA 22313 TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 CROSSROADS GPS 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 INTEGRATED CAMPAIGN SOLUTIONS LLC 526 DAROCO AVENUE, CORAL GABLES, FL 33146 HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES (C) Compensation MEDIA SERVICES 4,732,403. MEDIA SERVICES 833,250. ADMINISTRATIVE 5ERVICES 674,808. | · · · · · · · · · · · · · · · · · · · | • | | | | | | | | | ihense | ation non | 1 |
| MAIN STREET MEDIA GROUP P.O. BOX 25093, ALEXANDRIA, VA 22313 MEDIA SERVICES 4,732,403. TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 526 DAROCO AVENUE, CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | tiro oaioridai y | <u> </u> | <u> </u> | <u>.g .</u> | , | <u> </u> | | | , cu. | | (C) | |
| P.O. BOX 25093, ALEXANDRIA, VA 22313 TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 CROSSROADS GPS 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 INTEGRATED CAMPAIGN SOLUTIONS LLC 526 DAROCO AVENUE, CORAL GABLES, FL 33146 HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 4,732,403. MEDIA SERVICES 833,250. 674,808. 674,808. | | address | | | | | | Ì | , , | ervices | Co | | tion |
| TARGETED VICTORY, 1033 N FAIRFAX STREET, STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES 833,250. CROSSROADS GPS ADMINISTRATIVE 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 526 DAROCO AVENUE, CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | | | | | | | | | | |
| STE 400, ALEXANDRIA, VA 22314 CROSSROADS GPS 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES INTEGRATED CAMPAIGN SOLUTIONS LLC 526 DAROCO AVENUE, CORAL GABLES, FL 33146 FUNDRAISING SERVICES HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | | | | | | MEDIA SERVIC | ES | 4 | <u>,732,</u> | 403. |
| CROSSROADS GPS 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES INTEGRATED CAMPAIGN SOLUTIONS LLC 526 DAROCO AVENUE, CORAL GABLES, FL 33146 FUNDRAISING SERVICES HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | ζ : | STF | REE | ST, | , | | | | | | |
| 45 N. HILL DRIVE, 100, WARRENTON, VA 20186 SERVICES 674,808. INTEGRATED CAMPAIGN SOLUTIONS LLC 526 DAROCO AVENUE, CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | STE 400, ALEXANDRIA, VA 22314 MEDIA SERVICES | | | | | | | | | 833, | <u>250.</u> | | |
| INTEGRATED CAMPAIGN SOLUTIONS LLC 526 DAROCO AVENUE, CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | | | | | | | | | | |
| 526 DAROCO AVENUE, CORAL GABLES, FL 33146 FUNDRAISING SERVICES 158,000. HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | ·VA | 1 2 | 201 | 186 | | SERVICES | | | 674, | 808. |
| HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC, 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | 7.5 | ٦- | | | Į | | ann | | 1 - 0 | 000 |
| 45 NORTH HILL DRIVE, STE 100, WARRENTON, LEGAL SERVICES 120,583. | | | | | | | | 4 | FUNDRAISING | PEKATCES | | 728, | 000. |
| | | | | | | | - | ļ | T.PCAT. CPDVTC | FC | | 120 | 583 |
| 2 Otal number of independent contractors (including but not limited to those listed above) who received more than | | | | | | _ | | | | | | 120, | 202. |

\$100,000 of compensation from the organization

Form **990** (2015)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) Revenue excluded from tax under sections 512 - 514 Related or Total revenue exempt function business revenue revenue 1a 1 a Federated campaigns 1b b Membership dues c Fundraising events 1c 1d d Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f 10,348,110. g Noncash contributions included in lines 1a-1f \$ 10,348,110 h Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (i) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c_Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code VENDOR REFUNDS 900099 1,086. 1,086 b d All other revenue 1,086. Total. Add lines 11a-11d 10,349,196. 1,086 Total revenue. See instructions.

Form 990 (2015) ONE NATION Part IX Statement of Functional Expenses

| Sect | on 501(c)(3) and 501(c)(4) organizations must com | | | mplete column (A) | |
|----------|---|-----------------------|------------------------------------|---------------------------------------|--------------------------------|
| | Check if Schedule O contains a respor | | | · · · · · · · · · · · · · · · · · · · | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | ì | 1 | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 1 | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | 1 | |
| | persons (as defined under section 4958(f)(1)) and | | | l | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 510,626. | 229,559. | 141,969. | 139,098 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | - 00 00= | | | |
| 9 | Other employee benefits | 20,825. | 16 543 | 20,825. | 0 004 |
| 10 | Payroll taxes | 37,692. | 16,713. | 12,758. | 8,221 |
| 11 | Fees for services (non-employees) | | | j | |
| а | Management | 152 022 | 127 022 | 25 000 | |
| b | Legal | 152,933. 23,247. | 127,933. | 25,000. | |
| C | Accounting . | 23,247. | · | 23,247. | |
| d | Lobbying | 184,250. | | | 104 250 |
| e | Professional fundraising services. See Part IV, line 17 | 104,230. | | | 184,250 |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, | 160,600. | 160,600. | | |
| 40 | column (A) amount, list line 11g expenses on Sch 0.) | 100,000. | 100,000. | | |
| 12 | Advertising and promotion | 6,867. | | 6,867. | |
| 13 | Office expenses | 540. | | 540. | |
| 14 | Information technology | 340. | | | <u></u> |
| 15 | Royalties | 105,699. | | 105,699. | |
| 16 17 | Occupancy Travel | 34,395. | | 2,429. | 31,966 |
| 18 | Payments of travel or entertainment expenses | 31,333. | | - 4,345. | 31,500 |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 963. | | 476. | 487 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 29,379. | | 29,379. | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | GRASSROOTS ISSUE ADVOCA | 5,730,974. | 5,730,974. | | |
| b | RESEARCH CONSULTING | 25,400. | | 25,400. | |
| c | WEBSITE DEVELOPMENT | 18,250. | 18,250. | | |
| d | SUBSCRIPTIONS | 15,636. | 15,636. | | |
| е | All other expenses | 6,262. | 68. | 4,822. | 1,372 |
| 25 | Total functional expenses. Add lines 1 through 24e | 7,064,538. | 6,299,733. | 399,411. | 365,394 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| 50001 | 0 12-16-15 | | | | Form 990 (2015 |

| | | Check if Schedule O contains a response or note | o any line in this Part Y | | | |
|-----------------------------|----------|---|---------------------------------------|-------------------|-----|------------------------|
| | | Officer if Schedule o contains a response of note i | o any line in this rait A | (A) | | (B) |
| | | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | 1,087. | 1 | 3,350,167. |
| | 2 | Savings and temporary cash investments | F | | 2 | |
| | 3 | Pledges and grants receivable, net | · | | 3 | |
| | 4 | Accounts receivable, net | T T | | 4 | |
| | 5 | Loans and other receivables from current and form | ner officers, directors. | | | |
| | l | trustees, key employees, and highest compensate | | | | |
| | Ī | Part II of Schedule L | , , | | 5 | |
| | 6 | Loans and other receivables from other disqualifie | d persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section 4 | · ' | | ŀ | |
| |] | employers and sponsoring organizations of section | |] | | |
| छ | ļ | employees' beneficiary organizations (see instr) C | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | |
| Ä | 8 | Inventories for sale or use | · F | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 10a | Land, buildings, and equipment cost or other | 1 | | | |
| | ļ | basis Complete Part VI of Schedule D | 0. | | l | |
| | b | Less accumulated depreciation | 10b | 593. | 10c | |
| | 11 | Investments - publicly traded securities | | | 11 | |
| | 12 | Investments - other securities See Part IV, line 11 | | | 12 | |
| | 13 | Investments - program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets See Part IV, line 11 | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal | ine 34) . | 1,680. | 16_ | 3,350,167. |
| | 17 | Accounts payable and accrued expenses | | | 17_ | 65,509. |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue . | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Pa | · - | | 21 | |
| es | 22 | Loans and other payables to current and former or | | | | |
| Ħ | İ | key employees, highest compensated employees, | and disqualified persons | | | |
| Liabilities | | Complete Part II of Schedule L | <u> </u> | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelate | · · · · · · · · · · · · · · · · · · · | | 23 | <u> </u> |
| | 24 | Unsecured notes and loans payable to unrelated t | | | 24 | |
| | 25 | Other liabilities (including federal income tax, paya | ľ | | | |
| | l | parties, and other liabilities not included on lines 1 | 7-24) Complete Part X of | | | |
| | | Schedule D | - | 0. | 25 | <u> </u> |
| | 26 | Total liabilities. Add lines 17 through 25 | LILE S IVI | | 26_ | 65,509. |
| 40 | Į | Organizations that follow SFAS 117 (ASC 958), | | | | |
| ő | 0.7 | complete lines 27 through 29, and lines 33 and | ^{34.} | 1,680. | 07 | 3,284,658. |
| <u>la</u> | 27 | Unrestricted net assets | · - | 1,000. | 27 | 3,204,030. |
| 8 | 28 29 | Temporarily restricted net assets | - | | 28 | |
| Ĕ | 29 | Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC | SES) shook hare | | 29 | |
| Ĭ. | | and complete lines 30 through 34. | , 956), Check here | | | |
| ts o | 30 | Capital stock or trust principal, or current funds | 1 | | 30 | |
| Net Assets or Fund Balances | 31 | Paid-in or capital surplus, or land, building, or equi | oment fund | | 31 | |
| Ä | 32 | Retained earnings, endowment, accumulated inco | ' | | 32 | |
| ž | 33 | Total net assets or fund balances | , or ourse furido | 1,680. | 33 | 3,284,658. |
| | 34 | Total liabilities and net assets/fund balances | • | 1,680. | 34 | 3,350,167. |
| | | | | | | Form 990 (2015) |

| <u>Form</u> | 990 (2015) ONE NATION | 27 | <u>-1937</u> | 961 | Pag | ge 12 |
|-------------|--|----------|--------------|--------|--------------|----------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | ᆚ |
| | | | 10 | 240 | . 1 | 0.0 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | <u></u> | ,349 | , <u>,</u> , | 96. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | ,064 | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | ,284 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | . , 6 | 80. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses . | 7 | | | | |
| 8 | Prior period adjustments . | _8_ | | | .,6 | 80. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | _ | | | |
| | column (B)) | 10 | 3 | ,284 | .,6 | <u>58.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | <u> X</u> |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | | Yes | No |
| _ | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0 | | _ { | 1 | 37 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | <u> </u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | | - | |
| | separate basis, consolidated basis, or both | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | . | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa- | te basis | 5, | | | |
| | consolidated basis, or both | | | 1 | Ì | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | ŀ | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audi | ί, | 1 | į | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | | <u>X</u> |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Au | ıdıt | | | |
| | Act and OMB Circular A-133? | | - | 3a | | <u> </u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ııred au | ıdıt | | Ì | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | | 3b | | |
| | | | | Form 9 | 990 (| 2015) |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

| Nam | e of the organization ONE NATION | | Employer identification 27-19379 | |
|-----|--|---|---------------------------------------|------------|
| Рa | rt I Organizations Maintaining Donor Advise | d Funds or Other Similar Fund | | |
| | organization answered "Yes" on Form 990, Part IV, line | | | |
| | | (a) Donor advised funds | (b) Funds and other accou | nts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in v | vriting that the assets held in donor advi | sed funds | _ |
| | are the organization's property, subject to the organization's | | Yes | |
| 6 | Did the organization inform all grantees, donors, and donor ad | dvisors in writing that grant funds can be | used only | |
| | for charitable purposes and not for the benefit of the donor or | r donor advisor, or for any other purpose | conferring | |
| | impermissible private benefit? | | Yes | |
| Pa | rt II Conservation Easements. Complete if the org | anization answered "Yes" on Form 990, | Part IV, line 7 | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply) | | |
| | Preservation of land for public use (e.g., recreation or ed | ducation) Preservation of a hist | torically important land area | |
| | Protection of natural habitat | Preservation of a cer | tified historic structure | |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ed conservation contribution in the form | of a conservation easement on t | he last |
| | day of the tax year | | Held at the End of th | e Tax Ye |
| а | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easements | | 2b | |
| С | Number of conservation easements on a certified historic stru | ucture included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired a | after 8/17/06, and not on a historic struct | ture | |
| | listed in the National Register | | 2d | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by th | e organization during the tax | - |
| | year > | | | |
| 4 | Number of states where property subject to conservation eas | sement is located > | | |
| 5 | Does the organization have a written policy regarding the peri | odic monitoring, inspection, handling of | | |
| | violations, and enforcement of the conservation easements it | holds? . | Yes | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing con | servation easements during the y | year |
| | > | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and enforcing conserva | ation easements during the year | |
| | > \$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170 | D(h)(4)(B)(i) | |
| | and section 170(h)(4)(B)(ii)? | | · Yes | |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its revenue and expens | e statement, and balance sheet, a | and |
| | include, if applicable, the text of the footnote to the organizat | ion's financial statements that describes | the organization's accounting fo | r |
| | conservation easements | | | |
| Pa | rt III Organizations Maintaining Collections of | | Other Similar Assets. | |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8 | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | C 958), not to report in its revenue state | ment and balance sheet works of | art, |
| | historical treasures, or other similar assets held for public exh | ibition, education, or research in further | ance of public service, provide, in | Part XII |
| | the text of the footnote to its financial statements that describ | oes these items | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | C 958), to report in its revenue statemer | nt and balance sheet works of art, | , historic |
| | treasures, or other similar assets held for public exhibition, ed | lucation, or research in furtherance of pu | iblic service, provide the following | g amour |
| | _relating to these items | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ | _ |
| | (ii) Assets included in Form 990, Part X | | > \$ | |
| 2 | If the organization received or held works of art, historical trea | asures, or other similar assets for financi | · · · · · · · · · · · · · · · · · · · | |
| | the following amounts required to be reported under SEAS 1: | | <u> </u> | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2015

| Sche | dule D (Form 990) 2015 ONE NAT | | | | | | | 37961 | |
|------|--|------------------------|-----------------|---------------|-----------------------|--|-------------|--------------|-------------|
| Par | t III Organizations Maintaining C | collections of A | rt, Histo | orical Tr | easures, or Otl | ner Sim | lar Asse | ts(continu | ed) |
| 3 | Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) | | | | | | | | |
| а | Public exhibition | c | ı 🗀 L | oan or excl | hange programs | | | | |
| b | Scholarly research | e | | ther | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how the | ev further th | ne organization's ex | empt pur | oose in Par | t XIII | |
| 5 | During the year, did the organization solicit of | | | - | - | | | | |
| | to be sold to raise funds rather than to be m | | | | | | | Yes | ☐ No |
| Par | Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | an or other intermed | diary for c | ontribution | s or other assets no | ot include | d | | |
| | on Form 990, Part X? | | - | | | | | Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | ollowing ta | able | | | | | |
| | | | | | | | | Amount | |
| С | Beginning balance | | | | | 1c | | | |
| d | Additions during the year | - | | | | 1d | | | |
| е | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21, for es | scrow or cu | istodial account lial | olity? | L. | Yes | No |
| | If "Yes," explain the arrangement in Part XIII | | | | | | | | |
| Pai | t V Endowment Funds. Complete | f the organization ar | swered " | Yes" on Fo | | | | | |
| | | (a) Current year | (b) Pri | or year | (c) Two years back | (d) Three | years back | (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | ļ | | <u> </u> | |
| c | Net investment earnings, gains, and losses | | | | | ļ <u>.</u> | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | 1 | | ł | |
| | and programs . | | | | · | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | L | | | <u> </u> | | L | |
| 2 | Provide the estimated percentage of the cur | rent year end baland | · · · | , column (a | i)) held as | | | | |
| а | Board designated or quasi-endowment % | | | | | | | | |
| | Permanent endowment | % | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | |
| _ | The percentages on lines 2a, 2b, and 2c sho | - | | | | | | | |
| за | Are there endowment funds not in the posse | ession of the organiz | ation that | are neid ai | na aaministerea tor | tne organ | lization | Γū | |
| | by | | | | | | | | es No |
| | (i) unrelated organizations | | | | | | | 3a(i) | |
| h | (ii) related organizations If "Yes" on line 3a(ii), are the related organizations | ations listed as requi | rad on Sa | bodulo P2 | | • | | 3a(ii) 3b | |
| 4 | Describe in Part XIII the intended uses of the | · · | | | | | | <u> 30 </u> | |
| _ | t VI Land, Buildings, and Equipm | | WITHER IC TO | 1103 | | | | | |
| | Complete if the organization answere | | 0, Part IV | line 11a S | See Form 990. Part | X, line 10 | | | |
| | Description of property | (a) Cost or c | | (b) Cost | | Accumula | ted | (d) Book | value |
| | a compliant of property | basis (investr | | basis (| | epreciatio | | ,=, === | |
| 1a | Land | | | | | | | | |
| | Buildings | | | | | | | | |
| | Leasehold improvements | | | | | | | | |
| | Equipment | | - | | | | | | |
| | Other | - | | | | | | | |
| | l. Add lines 1a through 1e (Column (d) must e | equal Form 990, Part | X, colum | n (B), line 1 | 0c) | | ▶ | | 0. |

Schedule D (Form 990) 2015

532053 09-21-15 Schedule D (Form 990) 2015

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

| Name of the organization | | | | | | | ntification number | |
|---|---|------------------------------|----------------|--|----------|---|---|--|
| ONE NATION | | | | | <u> </u> | 27-1937961 | | |
| Part I Fundraising Activities required to complete this par | Complete if the organization answert | ered "Y | 'es" o | n Form 990, Part IV, | line 17 | 7 Form 990-EZ | I filers are not | |
| Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations Mail solicitations In-person solicitations 2 a Did the organization have a written or | e Solicita f Solicita g Special | tion of tion of fundra | non-g gover | overnment grants nment grants events | | | | |
| key employees listed in Form 990, F b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the | ividuals or entities (fundraisers) purs | | | - | | X Yes undraiser is to | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | I have custody I | | (iv) Gross receipts from activity | to (o | Amount paid r retained by) undraiser ed in col (i) | (vi) Amount paid to (or retained by) organization | |
| GROSS CONTRIBUTIONS - 45 N. HILL DRIVE, STE. 100, | | Yes | No X | 10,348,110. | _ | 0. | 10,348,110. | |
| INTEGRATED CAMPAIGN SOLUTIONS - 526 DAROCO AVENUE, CORAL | | | х | 0. | | 168,000. | -168,000. | |
| THE SAHL COMPANY - 16714 FITZHUGH ROAD, DRIPPING | | | х | 0. | | 8,750. | -8,750. | |
| TNT DAILEY INC - 924 CHERRY ROAD, WEST PALM BEACH, FL | | <u> </u> | х | 0. | | 7,500. | -7,500. | |
| | | | | | | · | | |
| | | - | | | | | | |
| | | <u> </u> | | | | | | |
| | | | | | | | | |
| Total . | | | • | 10,348,110. | | 184,250. | 10,163,860. | |
| 3 List all states in which the organization or licensing | on is registered or licensed to solicit | contrib | oution | s or has been notified | d nt is | exempt from re | egistration | |
| | | | | | | | | |
| | | | | | | | | |
| | | | _ | | | | | |
| | | | | | _ | | | |
| | | | | | | | | |
| | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2015

| | edu art | le G (Form 990 or 990-EZ) 2015 ONE NAT Fundraising Events. Complete if the | ION e organization answere | d "Yes" on Form 990 Par | 27 - | -1937961 Page 2 | | | |
|--|--|---|----------------------------|--|--------------------|--|--|--|--|
| <u>. </u> | | of fundraising event contributions and gre | | | | | | | |
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col (a) through | | | |
| đ) | | | (event type) | (event type) | (total number) | col (c)) | | | |
| Revenue | 1 | Gross receipts | | | | | | | |
| æ | | · | | | | | | | |
| | 2 | Less Contributions | | | | | | | |
| _ | 3 | Gross income (line 1 minus line 2) | | | | | | | |
| Se | 4 | Cash prizes | | | | | | | |
| | 5 | Noncash prizes | | | | | | | |
| Expenses | 6 | Rent/facility costs . | | | , | <u> </u> | | | |
| Direct Ex | 7 | Food and beverages | | | | | | | |
| | 8 | Entertainment | | | | | | | |
| | 9 | Other direct expenses | | | | | | | |
| | 10 | Direct expense summary Add lines 4 through | n 9 ın column (d) | <u>-</u> | > | | | | |
| _ | 11 | | | | <u> </u> | | | | |
| Pa | art | | answered "Yes" on For | m 990, Part IV, line 19, or | reported more than | | | | |
| | | \$15,000 on Form 990-EZ, line 6a | | for a Devil to be of the second | | T | | | |
| ē | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) | | | |
| Revenue | | | | Singe/progressive singe | | cor (a) through cor (c)) | | | |
| æ | ١, | Gross revenue | | | | | | | |
| | ΙĖ | aleese totaliae | | | | | | | |
| uses | 2 | Cash prizes | | | | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | | | | |
| Direct | 4 | Rent/facility costs | | | | | | | |
| | 5 | Other direct expenses | | | | | | | |
| | 6 | Volunteer labor | Yes % No | Yes % No | Yes% No | | | | |
| | 7 | 7 Direct expense summary Add lines 2 through 5 in column (d) | | | | | | | |
| | 8 | Net gaming income summary Subtract line 7 | from line 1, column (d) | | • | | | | |
| | | | | | | | | | |
| | | ter the state(s) in which the organization condi | _ | | | | | | |
| | a Is the organization licensed to conduct gaming activities in each of these states? | | | | | | | | |
| ı | o If ' | 'No," explain | | - | | | | | |
| _ | _ | | | | | | | | |
| 10a | a W | ere any of the organization's gaming licenses re | | | | Yes No | | | |
| t | o If ' | Yes," explain | | | | | | | |
| | _ | | | | | | | | |
| | _ | | | | | | | | |
| 5320 | 82 0 | 9-14-15 | | | Schedule G (Fo | rm 990 or 990-EZ) 2015 | | | |

| Schedule G (Form 990 or 990-EZ) 2015 ONE NATION | 27-1937961 Page 3 |
|--|------------------------------------|
| 11 Does the organization conduct gaming activities with nonmembers? | Yes No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed | |
| to administer charitable gaming? | Yes No |
| 13 Indicate the percentage of gaming activity conducted in | 1 1 |
| a The organization's facility | 13a % |
| b An outside facility | 13b % |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec | cords |
| Name > | |
| Address > | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes No |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the ai | mount |
| of gaming revenue retained by the third party > \$ | |
| c If "Yes," enter name and address of the third party | |
| Name ▶ | |
| Address > | |
| | |
| 16 Gaming manager information | |
| Name ▶ | |
| Gaming manager compensation ▶ \$ | |
| | |
| Description of services provided | |
| | |
| | |
| Duraka/affaar Disdaaaadaakaaskaa | |
| Director/officer Employee Independent contractor | |
| 17 Mandatory distributions | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to | |
| retain the state gaming license? | ☐ Yes ☐ No |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe | nt in the |
| organization's own exempt activities during the tax year ▶ \$ | · |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), an | d Part III, lines 9, 9b, 10b, 15b, |
| 15c, 16, and 17b, as applicable Also provide any additional information (see instructions) | |
| COMEDINE O DARM T ITME OR ITCM OF MEN UTCHECK DATE PURE | |
| SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDS | WISEKS: |
| | |
| (I) NAME OF FUNDRAISER: GROSS CONTRIBUTIONS | |
| /T) ADDDECC OF FINDDATCED. AS N. UTIL DETTE COR. 100 1000 | DENTITION 173 2010C |
| (I) ADDRESS OF FUNDRAISER: 45 N. HILL DRIVE, STE. 100, WAR | RENTON, VA 20186 |
| | |
| (I) NAME OF FUNDRAISER: INTEGRATED CAMPAIGN SOLUTIONS | |
| (I) ADDRESS OF FINIDATORD - FOS DADOSS ASSESSED CORAT CAREER | EI 22146 |
| (I) ADDRESS OF FUNDRAISER: 526 DAROCO AVENUE, CORAL GABLES | , FL 33146 |
| <u></u> | |
| (I) NAME OF FUNDRAISER: THE SAHL COMPANY | de 0 (Ferm 000 - :: 000 FE) 05 :- |
| 532083 09-14-15 Schedu | ıle G (Form 990 or 990-EZ) 2015 |

| Schedule G (Form 990 or 990 EZ) UNE NATION 27-1937961 Page 4 |
|--|
| Part IV Supplemental Information (continued) |
| (I) NAME OF FUNDRAISER: THE SAHL COMPANY |
| (I) ADDRESS OF FUNDRAISER: 16714 FITZHUGH ROAD, DRIPPING SPRINGS, TX 78620 |
| |
| (I) NAME OF FUNDRAISER: TNT DAILEY INC |
| (I) ADDRESS OF FUNDRAISER: 924 CHERRY ROAD, WEST PALM BEACH, FL 33409 |
| SCHEDULE G, PART I, LINE 2B, COLUMN (IV): |
| GROSS CONTRIBUTIONS RECEIVED FROM IN-PERSON SOLICITATIONS ARE NOT |
| DIRECTLY TIED TO A SPECIFIC PROFESSIONAL FUNDRAISER AND HAVE BEEN |
| REPORTED ON SCHEDULE G IN THE TOTAL AMOUNTS RECEIVED BY THE |
| |
| ORGANIZATION. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2015 Open to Public Inspection

OMB No 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

ONE NATION

Employer identification number 27-1937961

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVOCATE POLICY OUTCOMES ON PENDING LEGISLATIVE AND REGULATORY ISSUES

INCLUDING BUT NOT LIMITED TO: HEALTH CARE REFORM, TAXES, SPENDING AND

DEFICITS, CONGRESSIONAL REFORM AND ENERGY AND ENVIRONMENT. THE PURPOSE

OF THESE ISSUE ADVOCACY AND GRASSROOTS LOBBYING ACTIVITIES IS TO

PROMOTE POLICIES THAT STRENGTHEN THE NATION'S ECONOMY, REDUCE

REGULATION OF PRIVATE SECTOR ACTIVITY, AND RESTORE GOVERNMENT TO A

SOUND FINANCIAL FOOTING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRIVATE CITIZENS TO DETERMINE THE DIRECTION OF GOVERNMENT POLICYMAKING

RATHER THAN BEING THE DISENFRANCHISED VICTIMS OF IT. THROUGH ISSUE

RESEARCH, PUBLIC COMMUNICATIONS, EVENTS WITH POLICYMAKERS, AND OUTREACH

TO INTERESTED CITIZENS, ONE NATION SEEKS TO ELEVATE UNDERSTANDING OF

CONSEQUENTIAL NATIONAL POLICY ISSUES, AND TO BUILD GRASSROOTS SUPPORT

FOR LEGISLATIVE AND POLICY CHANGES THAT PROMOTE PRIVATE SECTOR ECONOMIC

GROWTH, REDUCE NEEDLESS GOVERNMENT REGULATIONS, IMPOSE STRONGER

FINANCIAL DISCIPLINE AND ACCOUNTABILITY ON GOVERNMENT, AND STRENGTHEN

AMERICA'S NATIONAL SECURITY.

FORM 990, PART VI, SECTION B, LINE 11:

ALL BOARD MEMBERS RECEIVE A COPY OF THE FORM 990 BEFORE IT IS FILED WITH

THE IRS. DURING THE REVIEW PROCESS THE BOARD DISCUSSES THE FORM 990 WITH

ACCOUNTANTS, COUNSEL AND THE CFO.

STEVEN LAW WAS PAID THROUGH ARCHIMEDIA LLC AND THE AMOUNT OF HIS
COMPENSATION WAS \$60,000.

FORM 990, PART XII, LINE 1:

THE 2015 FORM 990 IS PREPARED ON THE ACCRUAL METHOD OF ACCOUNTING BASED ON THE AUDITED FINANCIAL STATEMENTS IN ACCORDANCE WITH FASB ASC 958.

FORM 990, PART XII, LINE 2C:

THE AUDIT IS REVIEWED BY OFFICERS AND COUNSEL.